

State of New Hampshire
Insurance Department
21 South Fruit Street Ste 14, Concord NH 03301
www.nh.gov/insurance
Main phone 603-271- 2261
Licensing 603-271- 0203
PUBLIC ADJUSTER LICENSE APPLICATION

For Insurance Dept Use Only

License Number _____

Lines of Ins. _____

Lic. Issued _____

Lic. Expiration Date _____

Approved _____ Amt pd _____

Form 105.04 (revised 06 07)

(Please Print or Type)

| | | | | | | | |
|---|--|--------------------------------------|--|--|--|--|--|
| The Undersigned hereby applies for a license as specified and submits the following information and application fee of \$15 (RSA 400-A:29) And \$100 License fee | | | | PUBLIC ADJUSTER LICENSE APPLICATION | | | |
| Social Security Number | | | | PUBLIC ADJUSTERS Must have 5 years adjusting experience, provide verification of \$20,000.00 bond, & copy of contract, NH residents must pass the Public Adjuster Licensing exam. | | | |
| ① Last Name JR./SR. etc | | ② First Name | | ③ Middle Name | | ④ Date of Birth (month) ____ (day) ____ (year) ____ | |
| ⑤ Residence/Home Address (Physical Street) | | ⑥ P.O. Box | | ⑦ City | | ⑧ State ⑨ Zip or Foreign Country | |
| ⑩ Home Phone Number () - | | ⑪ Gender (Circle One) Male Female | | ⑫ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization.) | | | |
| ⑬ Employer's Name | | | | | | | |
| ⑭ Business Address (Physical Street) | | ⑮ P.O. Box | | ⑯ City | | ⑰ State ⑱ Zip or Foreign Country | |
| ⑲ Business Phone Number () - | | ⑳ Business Fax Number () - | | ㉑ Business E-Mail Address | | ㉒ Business Web Site Address | |
| ㉓ Applicant's Mailing Address | | ㉔ P.O. Box | | ㉕ City | | ㉖ State ㉗ Zip or Foreign Country | |
| ㉘ List any name under which you are doing business. | | | | | | | |
| Employment History | | | | | | | |
| ㉙ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education. | | | | | | | |
| Name | | From Month Year | | To Month Year | | Position Held | |
| City State | | | | | | | |
| Name | | | | | | | |
| City State | | | | | | | |
| Name | | | | | | | |
| City State | | | | | | | |
| Name | | | | | | | |
| City State | | | | | | | |
| Name | | | | | | | |
| City State | | | | | | | |

Background Information

30) The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. What Insurance or adjusting experience have you had? _____
2. Have you ever been refused an original or renewal or had suspended or revoked any type of insurance license in any state. If yes, give details Yes ___ No ___
3. Have you ever held any type of Insurance License in this or any other state? Yes ___ No ___
If Yes, list state(s), type(s) of license(s) and YEAR LAST LICENSED in each state in each category

4. Have you familiarized yourself with New Hampshire Insurance Laws & have available or access to copies for your use? Yes ___ No ___
5. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___
- “Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.
- If you answer yes, you must attach to this application:
- a) a written statement explaining the circumstances of each incident,
 - b) a certified copy of the charging document, and
 - c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.
6. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___
- “Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.
- If you answer yes, you must attach to this application:
- a) a written statement identifying the type of license and explaining the circumstances of each incident,
 - b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
 - c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.
7. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___
- If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.
8. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___
- If you answer yes, identify the jurisdiction(s): _____
9. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___
- If you answer yes, you must attach to this application:
- a) a written statement summarizing the details of each incident,
 - b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
 - c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.
10. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___
- If you answer yes, you must attach to this application:
- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
 - b) certified copies of all relevant documents.
11. Do you have a child support obligation in arrearage? Yes ___ No ___
- If you answer yes to Question 10, by how many months are you in arrearage? _____ Months
12. Are you the subject of a child support related subpoena or warrant? Yes ___ No ___

31. **APPLICANT MUST LIST 3 CHARACTER REFERENCES.** These should not be relatives or persons who have known the applicant for less than 2 years.

| | | | | |
|-----|--------|-----------|--------------------|-------------|
| (1) | _____ | _____ | _____ | _____ |
| | (Name) | (Address) | (Type of business) | (telephone) |
| (2) | _____ | _____ | _____ | _____ |
| | (Name) | (Address) | (Type of business) | (telephone) |
| (3) | _____ | _____ | _____ | _____ |
| | (Name) | (Address) | (Type of business) | (telephone) |

32. **AFFIDAVIT OF EXPERIENCE AND EMPLOYMENT for Non-Residents in lieu of passing the NH Public Adjusters Exam .**
(Residents MUST Pass the Licensing Exam) (To be completed by someone other than applicant)

I, the undersigned, on oath depose and say that I am a representative of _____,
(Company)
that for the period of time beginning _____ 20____ and ending _____ 20____

_____ of _____
(Name of Employee) (Address)
was employed on a substantially full time basis by (me) (my firm) at _____, that he was trained in the
following lines of insurance _____ and satisfactorily performed the following duties:
(P&C, Life, Accident & Health, Workers Compensation)

Signed _____
Firm or Agency Name _____
State _____
County _____
Subscribed and sworn to before me this _____ day of _____ 20____

(Notary Public)

My commission expires _____

Applicants Certification and Attestation

33 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

State of _____

County of _____,SS

On this _____ day of _____ 20____ personally appeared the above-named applicant who signed the foregoing application, and made oath that the statements made therein by him are true.

Before me _____
Notary Public or Justice of the Peace

Attachments

- 14 Original Letter of Certification from Home State or if Home State does not issue Public Adjusters License, Attach Original Letter of Certification from State in which you are licensed.**
NH residents must attach Original Test Scores from Experi